List of Terms Defined

anniversary date
The date you were enrolled in the Healthy Families Program.

Annual Eligibility Review (AER)
The once-a-year process of confirming continued eligibility in the Healthy Families Program.

appeal
Asking for reconsideration of a Program decision.

applicant
A person who is a natural or adoptive parent, a legal guardian, or a caretaker relative, or stepparent with whom a child lives, who applies for coverage on behalf of a child, and on his or her own behalf. An applicant can also be an emancipated minor, or a minor not living in the home of a natural or adoptive parent, a legal guardian, caretaker relative, foster parent, or stepparent, applying for coverage on behalf of his or her child or on his or her own behalf.

benefits
The health, dental, and vision services your child receives under the Healthy Families Program.

benefit year
The period of 12 months, from July 1 to June 30.

binding arbitration
An agreement between some insurance plans and subscribers to have health care disputes reviewed by a neutral person. After reviewing all facts and hearing both sides, the neutral person makes a decision. Both parties agree to accept that decision.

California Children Services (CCS)
This program provides diagnostic and treatment services to children under the age of 21 years who suffer from chronic medical conditions, such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, and traumatic injuries.

Certified Application Assistant (CAA)
Person trained to help you fill out the Healthy Families Program application.

Community Provider Plan
The health plan in a county that has done the best job of including traditional and safety net providers in its network. Traditional and safety net providers are the doctors, clinics, and hospitals that have provided health care to uninsured families.

List of Terms Defined

Consolidated Omnibus Budget Reconciliation Act (COBRA)
COBRA refers to the federal law giving people under certain circumstances the right to continue coverage in an employee health plan for a limited time.

co-payment
A payment that a subscriber makes at the time of receiving certain services, such as visits to a doctor and prescription drugs.

coverage
The list of services provided by an insurance plan.

disenrollment
The end of enrollment in the Healthy Families Program.

eligible
A child who meets all the requirements to qualify for coverage in the Healthy Families Program.

employer-sponsored
A benefit offered by an employer to his/her employees, such as health insurance.

enrollment
After the child has been determined to be eligible, he or she is signed up for an insurance plan.

exclusion
A service or condition not covered by an insurance plan under the Healthy Families Program.

Exclusive Provider Organization (EPO)
A health plan whose members must seek care from a list of contracting providers. An EPO does not require you to choose a Primary Care Physician. Members also may self-refer to a specialist in the EPO contract network.

Federal Income Guidelines (FIG)
Federal Income Guidelines are the amount of money the federal government says that a family needs to meet basic needs. The guideline changes every year in April. If your income is over the guideline, check to see if the guideline chart has been updated for this year.

Health Maintenance Organization (HMO)
An organized system that provides a set of health care services to plan subscribers in a geographic area.

household income
The total income before taxes of all family members in a household.

Medi-Cal 133% Program
This program is for children age 1 up to age 6 whose family income is between 100-133% of Federal Income Guidelines.

minor
Child under the age of 18.

List of Terms Defined

no-cost Medi-Cal
A Medi-Cal program that pays for all services without requiring any payments or co-payments by the subscriber.

Open Enrollment (OE)
A period of time (April 15 - May 31 each year) when a family can request a change of insurance plan for any reason. Changes take effect on July 1.

out-of-network
A service provided by a doctor, dentist, or other provider who does not have a contract with your family's insurance plan.

pre-existing condition
Any condition that was diagnosed before enrollment in the Program where medical advice, diagnosis, care, or treatment, including use of prescription drugs, was recommended or received from a licensed health practitioner during that period.

premium
The amount paid each month by families with a child and/or adult in the Healthy Families Program.

Primary Care Dentist
The dentist, selected by the applicant, who will be in charge of the Family's dental care.

Primary Care Physician
The doctor, selected by the applicant, who will be in charge of the family's health care and who will refer the child to specialists as needed.

Share of Cost Medi-Cal
A Medi-Cal program that requires a subscriber to pay a certain amount of the medical expenses every month before it covers benefits. Share of Cost is based on monthly income.

subscriber
A family member enrolled in the Healthy Families Program.

well-child checkups
Health, dental and vision services such as immunizations and physical, dental, and eye exams. These check-ups are provided to help families stay healthy.